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## APPLICANTS

Robert G. Gibson, Newport Coast, CA;

George D. Heffner, Alvarado, TX;

Terry E. Lovett, Santa Ana, CA;

\*\* CONTINUING DATA \*\*\*\*\*

(None) SBM

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

(None) SBM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>A. B. McPartlin</i> Initials: <i>SBM</i>	CA	2	25	1

## ADDRESS

38441

LAW OFFICES OF JAMES E. WALTON, PLLC

1169 N. BURLESON BLVD.

SUITE 107-328

BURLESON, TX

76028

## TITLE

Seat cushion with built-in leg warmer/protector

FILING FEE  RECEIVED 400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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